Kentucky Secretary of State
TREY GRAYSON

Division of Corporations
BUSINESS FILINGS
P.O. Box 718
Frankfort, KY 40602
(502) 564-2848
http://www.sos.ky.gov/

Request for Corporate Documents

BUSINESS NAME: _____

CERTIFICATES REQUESTED
All certificates are $10.00 each.

DOMESTIC CORPORATION/LIMITED LIABILITY COMPANY

___ CERTIFICATE OF EXISTENCE

___ LONGFORM CERTICATE OF EXISTENCE

___ CERTIFICATE OF MERGER

___ CERTIFICATE OF VOLUNTARY DISSOLUTION

___ CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

___ CERTIFICATE OF REGISTERED AGENT

___ CERTIFICATE OF NO RECORD

DOMESTIC LIMITED PARTNERSHIP

___ CERTIFICATE OF FORMATION

___ CERTIFICATE OF REGISTERED AGENT

___ CERTIFICATE OF NO RECORD

FOREIGN CORPORATION/LIMITED LIABILITY COMPANY

___ CERTIFICATE OF AUTHORIZATION

___ LONGFORM CERTICATE OF AUTHORIZATION

___ CERTIFICATE OF WITHDRAWAL

___CERTIFICATE OF REVOCATION

___ CERTIFICATE OF REGISTERED AGENT

___ CERTIFICATE OF NO RECORD

REGISTERED LIMITED LIABILITY PARTNERSHIP

___ CERTIFICATE OF REGISTRATION (DOMESTIC)

___ CERTIFICATE OF REGISTRATION (FOREIGN)

___ CERTIFICATE OF NO RECORD

DOCUMENTS REQUESTED

___ ALL DOCUMENTS FILED

___ ALL DOCUMENTS FILED
    (EXCLUDING ANNUAL REPORTS)

___ ARTICLES, AMENDMENTS, MERGERS

___ INCLUDE ASSUMED NAMES

___ ARTICLES OF INCORPORATION

___ ARTICLES OF ORGANIZATION

___ CERTIFICATE OF LIMITED PARTNERSHIP

___ STATEMENT OF PARTNERSHIP AUTHORITY

___ APPLICATION FOR CERTIFICATE OF AUTHORITY

___ APPLICATION FOR CERTIFICATE OF AUTHORITY AS A
    FOREIGN LIMITED PARTNERSHIP

___ APPLICATION FOR CERTIFICATE OF AUTHORITY AS A
    FOREIGN BUSINESS TRUST

___ STATEMENT OF QUALIFICATION

Please indicate if your document request is for regular copies or certified copies:

___ REGULAR COPIES
    ($5.00 up to 5 pages, then $0.50 a page thereafter)

___ CERTIFIED COPIES
    ($5.00 up to 5 pages, then $0.50 a page thereafter and $5.00 for the
    certificate)

REQUESTOR'S INFORMATION:

Contact Person: _____   Company: _____

Mailing Address: _____

Phone Number: _____Fax Number: _____ Email Address: _____

If you want the documents returned by fax, an additional fee of $5.00 is assessed: Fax return: Yes: _____   No: _____

Payment Information (If paying with a pre-paid account number, please list 3-part account number):_____

 Comments: _____

(10/08)